

**INLAND COUNTIES EMERGENCY MEDICAL AGENCY***Serving San Bernardino, Inyo, and Mono Counties***515 N ARROWHEAD AVENUE****SAN BERNARDINO, CA 92415-0060****909-388-5823 FAX: 909-388-5825****EMT-PARAMEDIC ACCREDITATION/BI-ANNUAL RENEWAL**

☐ **Initial Accreditation (\$75.00)** **ICEMA**
☐ **Bi-Annual Renewal (No Fee)** **Accreditation #:** _____ **Exp. Date:** ____/____/____

Fees are Nonrefundable - Cash or Money Order Only - NO PERSONAL CHECKS ACCEPTED

Legal Name:

Last First Middle Sex(M/F)

Address:

Number & Street City State Zip

Date of Birth: ____/____/____ Phone #: (____)____-____ Drivers License # _____

SSN #: _____-____-____ Employer: _____

☐ Yes ☐ No As a prehospital provider has your certification or license ever been denied, suspended, revoked, or placed on probation? **If yes**, attach an explanation including City, County, and State of action.

Verification of Employment/Sponsorship as a Paramedic in the ICEMA Region

*To be completed by an authorized ALS Provider Agency **or** by a Provider Agency who has Formally Requested ALS Authorization in the ICEMA Region*

I verify that _____, California EMT-P License # _____ is currently/or will be employed at this agency as an EMT-Paramedic.

Agency Authorized Signature/Title Print Name Date

Waiver: Local Orientation Class and five (5) ALS contacts.

Eligible applicants: *Individuals who attended an EMT-P program in the ICEMA Region AND completed their field internship within the last six (6) months in the ICEMA region **with** an ICEMA authorized preceptor.*

ALS Provider Agency Name: _____ Preceptor Name: _____

Preceptor Signature: _____ ICEMA Accreditation #: _____

ICEMA USE ONLY: ☐ approved ☐ denied Name: _____

ICEMA USE ONLY: Done By (Initials) _____		Photo: _____	ICEMA Accred. #: _____
CA EMT-P License #: _____	Exp. Date ____/____/____	Effective: ____/____/____	
BLS Exp. Date: ____/____	ACLS Exp. Date: ____/____ (2) SD _____	Exp. Date: ____/____/____	
(6 hrs) FCA _____	(2) ARC _____	cc to employer: _____	Accounting #: _____

EMT-PARAMEDIC ACCREDITATION/BI-ANNUAL RENEWAL

(ICEMA PROTOCOL REFERENCE #15301)

Submit the following for Initial Accreditation:

- ☐ Cash or Money Order (No personal checks)
- ☐ Copy of California EMT-P License
- ☐ Copy of current Drivers License (for ID purposes)
- ☐ Current photo taken within last 6 months (Drivers License size, no hats or tinted glasses)*
- ☐ Copy of front and back of current CPR card**
- ☐ Copy of front and back of current ACLS card
- ☐ Copy of course completion certificate

Submit the following for Bi-Annual Renewal:

- ☐ Copy of California EMT-P License
- ☐ Copy of current Drivers License (for ID purposes)
- ☐ Current photo taken within last 6 months (Drivers License size, no hats or tinted glasses)*
- ☐ Copy of front and back of current CPR card**
- ☐ Copy of front and back of current ACLS card
- ☐ Complete ICEMA Bi-annual Renewal Education Requirements (grid below)

* Photo taken at ICEMA for no additional charge

**CPR card must meet or exceed the current "Guidelines and Standards for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care"

Document ICEMA Bi-annual Renewal Education Requirements Below and PROVIDE COPIES of the ROSTER or CE CERTIFICATE from EACH CLASS ATTENDED

(2) Skills Days (SD) (1 taken during each year of accreditation), (6) hrs Field Care Audits (FCA), (2) Different Annual Review Classes (ARC)

Check (✓) the appropriate box:

SD (2)	FCA (6 hrs)	ARC (2 different)	CE Provider Number	CE Provider Name	Date	Hours

I hereby certify that the information listed is true and correct and that I am eligible for accreditation. I understand that any fraudulent entry on this form may be considered cause for denial or subsequent revocation of my ICEMA accreditation with immediate notification to the State EMS Authority. I hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my accreditation process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Signature

Date